PTO/SB 06 (08-00-Approved for use through 10/31/2002, OMB 0081-0082 sc Povential of Endemark Office; U.S. DEPARTMENT OF COMMERCY a collection of allocation unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD

·OR

OR

OR

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TOTAL

ADDIT, FEE

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 $^{\bullet}$ If the entry in column 1 is less than the entry in column 2, write "0" in column 3

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDM

Total

(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

Minus

Minus

*** If the "Highest Number Previously Paul For" IN THIS SPACE is less than 3, on a 3

The "Highest Number Previously Paid For" (Total or Independent) is the highest mainter to and if the appropriate hox in column 1

Furden Hour Statement: This form is estimated to take 0.2 hours to complete. Time win, vary depending open the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sont to the Check Information Officer, U.S. Parent and Trademari Office, Washington, DC 2023 - DO 3504 SESD LEES OR COMPLETED LORMS TO THIS ADDRESS. SESD TO: Assistant Commissioner for Patents. Washington, DC 2023 - DO 3504 SESD LEES OR COMPLETED LORMS TO THIS ADDRESS. SESD TO: Assistant Commissioner for Patents. Washington, DC 2023 -